EXHIBIT 7
DATE 1/28/2013
HB 239

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January 28, 2013

Opposition to House Bill 239

Sexuality education occurs for young people in many places: at home, at church, in school, from their peers and the culture that surrounds them. Messages from these different sources vary widely. Young people prefer to learn about sexuality from their parents. However, many parents do not meet this responsibility. Not providing this education to all students in school will lead youth to seek information from sources that may not be accurate or support healthy decision-making. The opt-in requirement of this bill will not serve our children well.

This bill also seeks to prohibit some educators from providing sexuality education in our schools. Through my career in health education I have provided sexuality education in many venues with youth and adults, partnering with many educators. The health educators at Planned Parenthood are my most valued colleagues. They are skilled at providing accurate, non-biased education. Health enhancement teachers invite us into their classrooms to supplement their work with students because we are experts in our field.

The 2012 Montana Teen Birth & Pregnancy Report is attached with this letter. In Montana, we have not seen the decline in teen pregnancy rates that has been reported nationally. Chlamydia rates among Montana teens continue to rise. We need to work together to better encourage our youth toward decisions that will protect their health.

If parents do not take the responsibility to provide accurate and ongoing sexuality education to their children of all ages and schools are prohibited from providing this education to all of their students, including inviting experts to support their efforts, how will our youth get the facts and support they need?

Laura Mentch
Health Educator

300 North Willson Ave, Suite 2001 Bozeman, MT 59715 406-587-0681
www.bridgercare.org

Montana Teen Birth & Pregnancy Report

2012

Trends in Teen Births: 2002-2011

Women's and Men's Health Section
Family and Community Health Bureau
Public Health and Safety Division
Montana Department of Public Health and Human Services

Pregnancy & Birth

During 2010 and 2011, approximately 7 females aged 15-19 in Montana became pregnant and 5 gave birth each day.

National Comparison: The U.S. teen birth rate declined 9 percent from 2009 to 2010, reaching a historic low of 34.3 births per 1,000 women aged 15–19 years. The rate dropped 44 percent from 1991 through 2010. Teen birth rates fell in all but three states during 2007–2010, one of which was Montana.[1] The national teen birth rate was the lowest ever reported in 2010. However, pregnancy rates in the U.S. are among the highest compared to other developed countries.[2]

Prior Births (Teen mothers with more than 1 birth):

- Nationally, 18.8% of births to teens are second or subsequent births.
- In Montana, 16.7% of births to teens are second or subsequent births.

Table 1: Montana teen pregnancy, 2002-2011 (The teen pregnancy rate is the number of pregnancies to females aged 15-19 years per 1,000 females aged 15-19 years)

Number of pregnancies	2002-2003	2004-2005	2006-2007	2008-2009	2010-2011	Change: 2002-03 to 2010-11
Under 15 years	40	35	30	28	32	*
15-17 years	995	1007	934	971	656	-0.3
18-19 years	2226	2132	2181	2276	1964	-0.1
15-19 years	3221	3139	3115	3247	2620	-0.2
Pregnancy rates per 1,000	**2002-2003**	**2004-2005**	**2006-2007**	**2008-2009**	**2010-2011**	**Change: 2002-03 to 2010-11**
15-17 years	24.4	25.3	23.6	26.0	17.9	-0.3
18-19 years	81.8	79.1	82.9	85.0	76.2	-0.1
15-19 years	47.4	47.0	47.3	50.6	42.0	-0.1

Table 2: Montana teen birth, 2002-2011 (The teen birth rate is the number of live births to females 15-19 per 1,000 females aged 15-19 years)

Number of births	2002-2003	2004-2005	2006-2007	2008-2009	2010-2011	Change: 2002-03 to 2010-11
Under 15 years	17	20	15	11	19	*
15-17 years	682	682	683	716	463	-0.3
18-19 years	1748	1674	1732	1811	1551	-0.1
15-19 years	2430	2356	2415	2527	2014	-0.2
Birth rates per 1,000	**2002-2003**	**2004-2005**	**2006-2007**	**2008-2009**	**2010-2011**	**Change: 2002-03 to 2010-11**
15-17 years	16.8	17.1	17.2	19.2	12.6	-0.3
18-19 years	64.3	62.1	65.9	67.6	60.1	-0.1
15-19 years	35.8	35.3	36.6	39.4	32.3	-0.1

Source: Montana Office of Vital Statistics and US census estimates

Two-year rates are used for most of the figures that show trends in birth or pregnancy rates over time, because of the small numbers of events and populations in Montana.

* Under 15 years: The number of births to teens under 15 is small, but it is important to recognize the implications of a birth at such a young age to the girls and families involved. Because the number of births to girls younger than 15 years can fluctuate greatly from year to year, rates and change over time are not shown for teens in this age group.

Health Inequities

Although about 6% of Montana's population is American Indian, more than 25% of teen births are to an American Indian.

During 2010 to 2011, the birth rate for white females aged 15-19 years in Montana was not statistically different than the national rate for females of the same age and race. However, American Indian teens in Montana continue to have higher birth rates than American Indian teens in the United States overall, and higher rates than white teens in Montana.

Birth Rates: American Indian teen birth rates remained steady from 2002-2003 to 2008-2009. However, during 2010-2011 American Indian births decreased by 21%.

Figure 1. Montana teen (15-19) birth rates, by race, 2002-2003 and 2010-2011

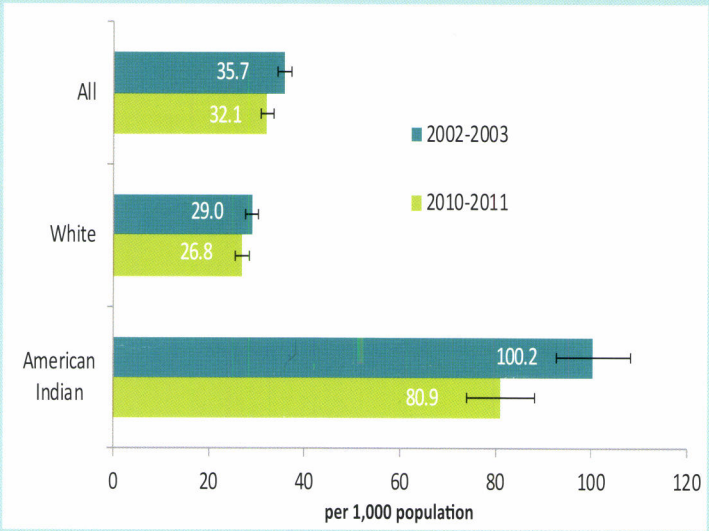


Figure 2: Teen (15-19) birth by race, United States vs. Montana, 2010

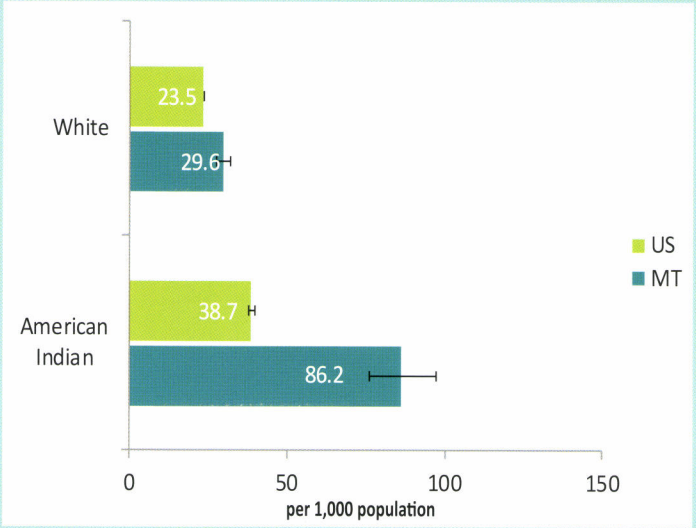


Figure 3: Montana teen (15-19) birth rates, 2-year averages, 2002-2011

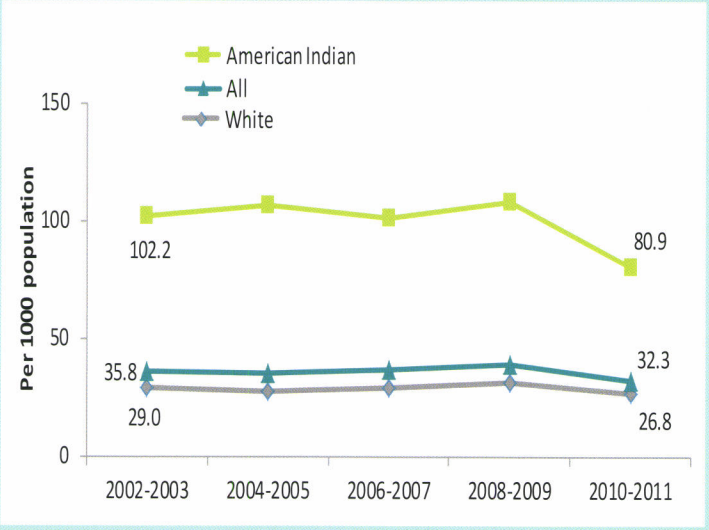
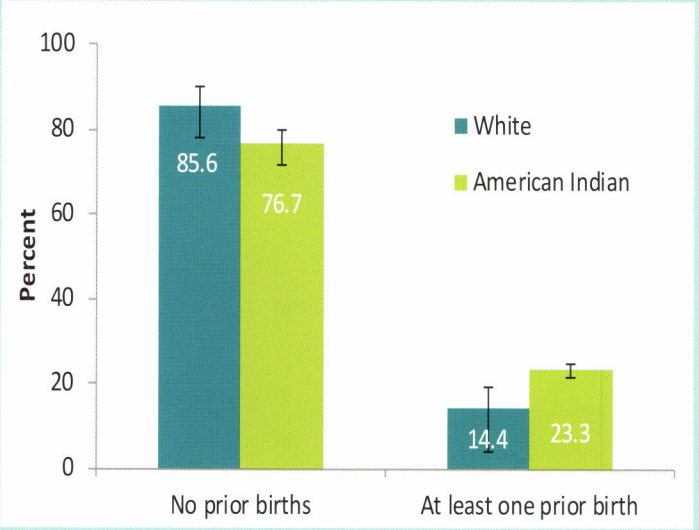


Figure 4: Prior births among Montana teens (15-19) who gave birth in 2011



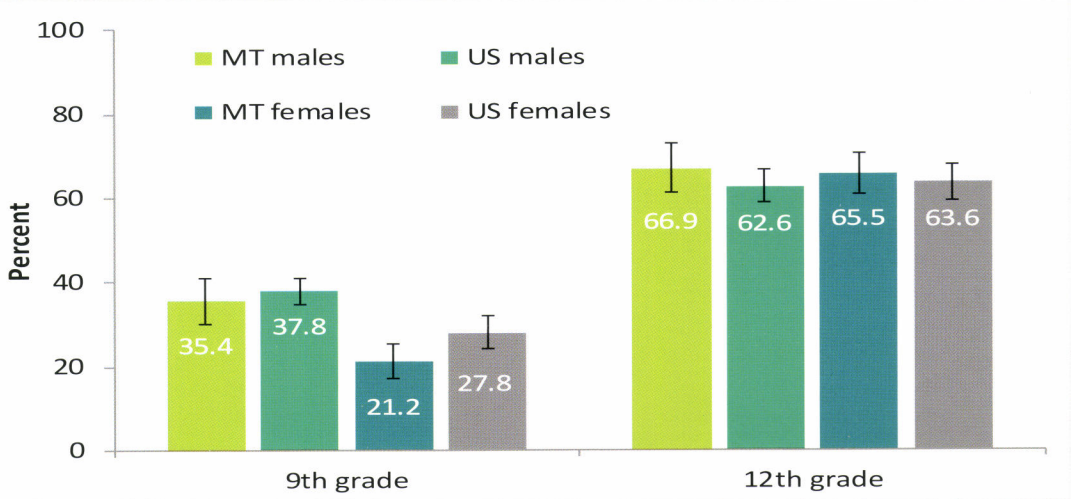
Source: Montana Office of Vital Statistics and US Census Estimates I = 95% Confidence Interval

Sexual Activity

Positive changes in high school teens' sexual behavior and contraceptive use have been uneven at best in recent years, according to new data from the Centers for Disease Control and Prevention (CDC). At present, nearly half of all teens have ever had sex and roughly one-third are sexually active (that is, they have had sex in the past three months). [3]

Not surprisingly, teen sexual activity increases with age. Overall, 28.5% of 9th graders in Montana reported that they were sexually active compared to 32.9% in the US. Among 12th graders in Montana, 66.2% reported that they were sexually active, compared to 63.1% in the US.

Figure 5: High school students who have ever had sex, by grade, United States vs. Montana, 2011



As sexual activity increases with age, so does the use of highly effective birth control. In addition, over half of sexually active girls stated they had used birth control in the past three months. Only one-third of sexually active boys stated that their partner had used birth control in the past three months. This may be underreported as boys may be unsure of their partners' birth control method.

Figure 6: Montana high schools students who used a condom at last intercourse, by grade, 2001-2011

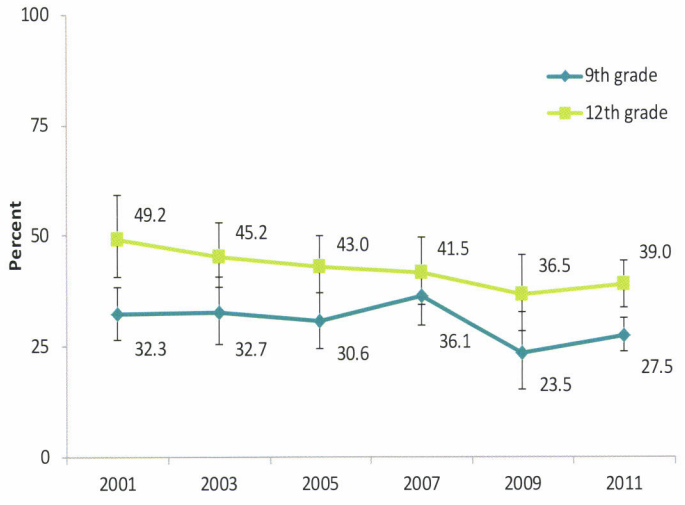
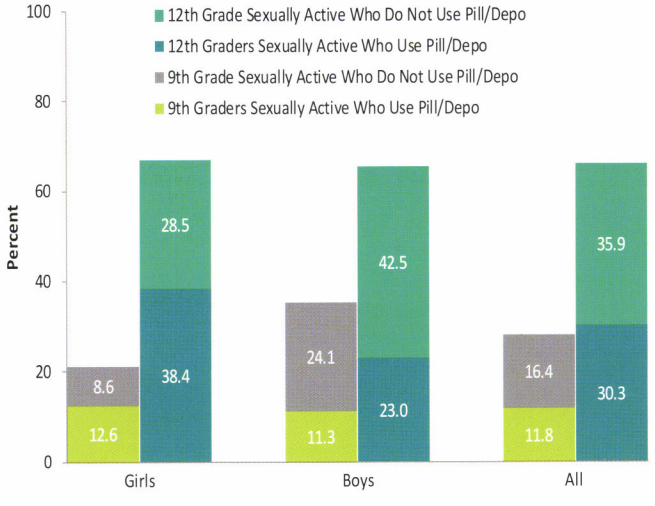


Figure 7: High school students who used either the Pill or Depo during last intercourse, by grade, 2011



Source: Montana Youth Risk Behavior Survey, 2011[4] I = 95% Confidence Interval

Risk Factors Among Teens

Risk factors encourage behaviors that might lead to pregnancy or sexually transmitted infections (STIs) or discourage behaviors that might prevent those outcomes.

Teens who engage in some types of risky behavior are more likely to engage in other behaviors that increase risk for teenage pregnancy. Research has shown an association between the following risk behaviors and teen pregnancy. [5] Comprehensive sex education curricula in school and community settings have been shown to reduce teen pregnancy and associated risky behaviors.[6]

Table 3: Risk Factors among Sexually Active and Not Sexually Active Teens in Montana, 2011

	Sexually Active	*Not Sexually Active*
Rarely or never wore a seat belt	16.4 (14-18.9)	5.1 (3.7-6.5)
Rode with a driver who had been drinking	34.4 (32.1-36.7)	17.2 (15-19.3)
Drove when drinking	17.9 (16.1-19.8)	3.3 (2.4-4.2)
In a physical fight one or more times in last year	35.6 (32.9-38.2)	14.5 (12.7-16.3)
Smoked cigarettes in last 30 days	29.2 (26.2-32.1)	4.3 (3.2-5.4)
Tobacco use (smoking, chew, snuff, dip)	21 (18.1-23.9)	4.8 (3.4-6.2)
Drank alcohol in last 30 days	58.6 (55.6-61.5)	20.1 (18.2-22)
Used marijuana during last 30 days	21.8 (19.1-24.5)	10.9 (9.6-12.2)

Source: Montana Youth Risk Behavior Survey, 2011[4]

Economic Costs of Teen Childbearing

Early pregnancy and childbearing are closely linked to other social issues, including poverty and income disparity, overall child well-being, out-of-wedlock births, and low educational attainment for the mothers.

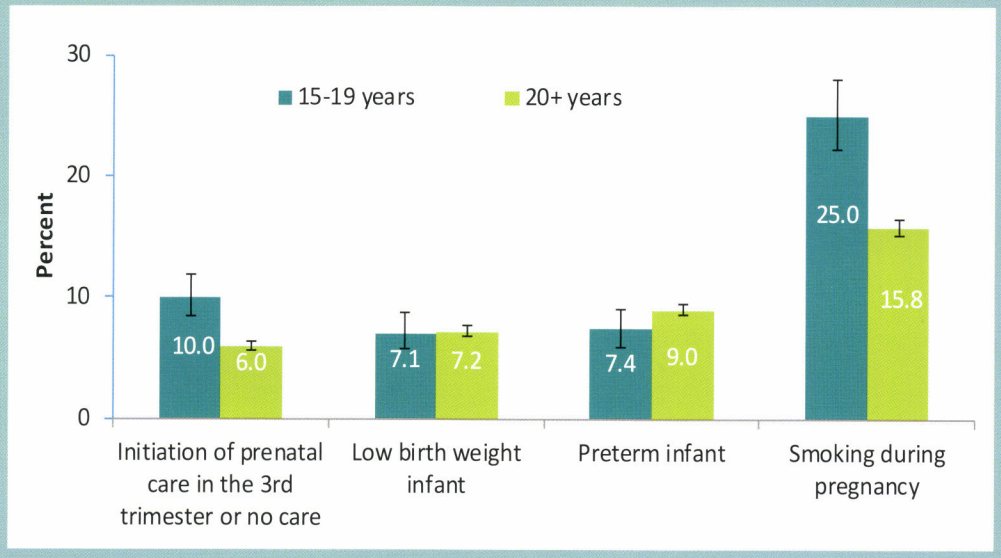
Teen childbearing in the United States cost taxpayers (federal, state and local) at least **$9 billion** in 2011. Most of the costs of teen childbearing are associated with negative consequences for the children of teen mothers, including increased health care and foster care costs, increased incarceration rates among the children of teen parents, and lost tax revenue from teen mothers who earn less money because they have less education.[6]

In Montana, teen childbearing cost taxpayers at least $29 million in 2008. Of the total costs, 41% were federal costs and 59% were state and local costs.[7]

Prenatal Care & Low Birth Weight

The leading causes of infant mortality in 2009 were complications of pregnancy and congenital malformations, followed by disorders related to short gestation, low birth weight, and Sudden Infant Death Syndrome.[8]

Figure 8: Prenatal care initiation, low birth weight, preterm birth, and smoking during pregnancy in Montana, by age of mother, 2011



Source: Montana Office of Vital Statistics, 2011 I = 95% Confidence Interval

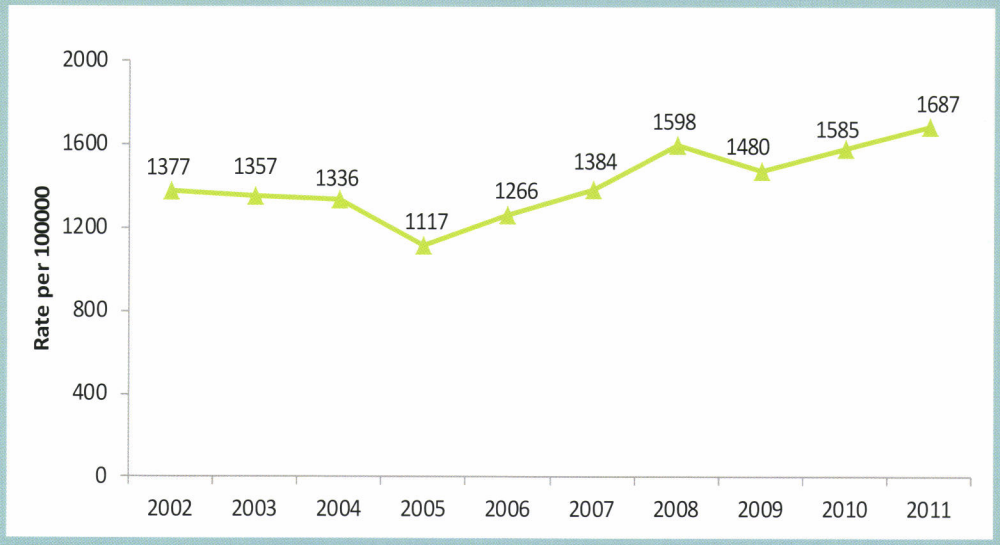
- Teen-aged mothers are least likely to receive timely prenatal care, with less than one-third of those under the age of 15 and about half of those aged 15-19 years initiating prenatal care in the first trimester (32.9 percent and 54.3 percent, respectively).[8]
- Low birth weight status can have serious long-term medical consequences.
- Along with age of the mother, there are many factors that can contribute to low birth weight including poverty, smoking and limited access to health care.[8]

Sexually Transmitted Infections

Even though they account for only 7% of the population in Montana, teens ages 15-19 accounted for 34% of positive chlamydia tests in 2011.

- Nationally, Chlamydia rates are highest among 15-24 year old females, with young adults ages 20-24 having a slightly higher rate than that of 15-19 year olds (3,408 vs 3,378/100,000).[9]
- In Montana, the American Indian chlamydia rate for teens aged 15-19 was five times higher than the rate for white teens. Some of this suggests an over-representation of chlamydia in the American Indian population and could be due to the aggressive screening programs by tribal health departments and the Indian Health Service.

Figure 9: Chlamydia rates in Montana among teens aged 15-19, 2002-2011

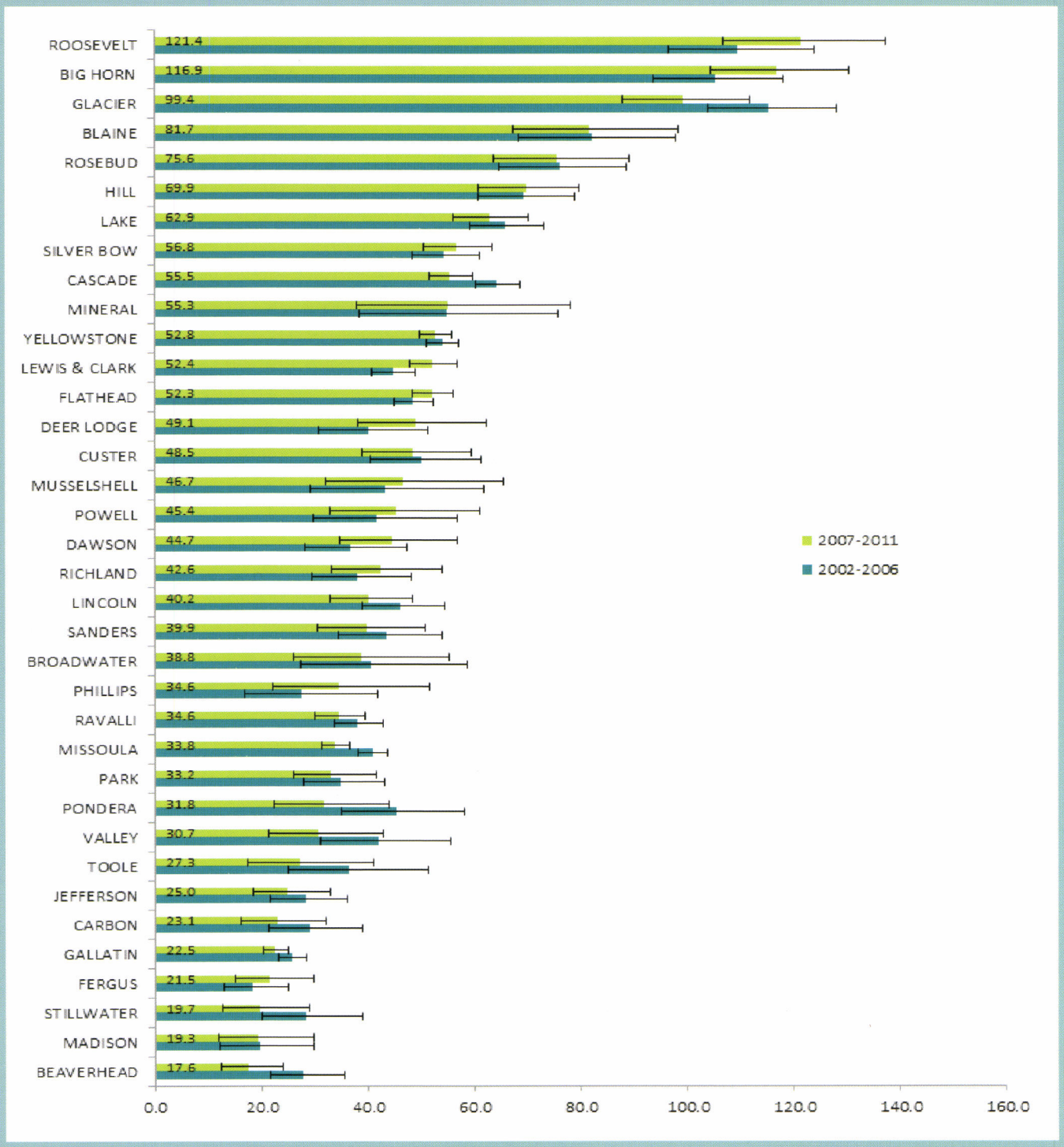


Source: MT Department of Public Health and Human Services, STD/HIV Prevention Section, 2011.

Teen Birth Rates in Montana

Counties not included on the graph had fewer than 20 births in one or both intervals; rates based on fewer than 20 events are not statistically reliable. Counties are listed in descending order of the 2007-2011 rate.

Figure 10: Teen birth rates per 1,000 girls age 15-19 years by Montana County, 2007-2011 and 2002-2006



Source: Montana Office of Vital Statistics, 2011

Note: Due to the small number of events in some counties, five year rates have been used to include more counties with at least 20 events over the five years.

Acknowledgements

Montana Department of Public Health and Human Services
Public Health and Safety Division
Family and Community Health Bureau
Women's and Men's Health Section
1400 Broadway, Cogswell A-116.
Helena, MT 59620

This publication was supported through a grant from the US Department of Health and Human Services, FPHPA080094-41-01. The Montana Department of Public Health and Human Services attempts to provide reasonable accommodations for any known disability that may interfere with a person participating in any service, program or activity of the department. Alternative accessible formats of this document will be provided upon request.

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800 copies of this public document were published at an estimated cost of $0.92 per copy, for a total cost of $736.00, which includes $736.00 for printing and $0.00 for distribution.

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http://familyplanning.hhs.mt.gov

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